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DATE: 7 August 2005

TO: Examiner LY, Nghi H. **FAX NO.:** 571-273-8300
USPTO GPAU 2686

FROM: Ryan S. Davidson
Reg. No.: 51,596

RE U.S. App. No.: 10/764,812 **filed 1/26/04**

Applicant(s): Martha Karen Boyd

Atty Dkt No.: 1033-MS1013

Title: INTEGRATED MOBILE PHONE RING SCHEDULER

NO. OF PAGES (including Cover Sheet): 14

MESSAGE:

Attached please find:

- Fee Transmittal Form (1 pg)
- Response to Office Action (12 pgs)

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Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/764,812
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	01/26/04
TOTAL AMOUNT OF PAYMENT (\$) 200.00		First Named Inventor	Martha Karen Boyd
		Examiner Name	LY, Nghi H.
		Art Unit	2686
		Attorney Docket No.	1033-MS1013

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-2469 Deposit Account Name: Toler, Larson & Abel LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissuc	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200.00	= 200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

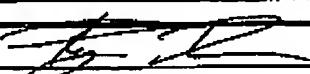
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

SUBMITTED BY		Registration No. 51,596 (Attorney/Agent)	Telephone 512-327-5515
Signature			
Name (Print/Type)	Ryan S. Davidson		
	Date 7 August 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Martha Karen Boyd

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Title: INTEGRATED MOBILE PHONE RING SCHEDULER

App. No.: 10/764,812 Filed: 01/26/2004

Examiner: LY, Nghi H. Group Art Unit: 2686

Customer No.: 34456 Confirmation No.: 6878

Atty. Dkt. No.: 1033-MS1013

Mail Stop AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed May 19, 2005, please amend the above-identified application as follows:

08/10/2005 MBINAS 00000024 502469 10764812
01 FC:1201 200.00 DA

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents on <u>7 August 2005</u> .	
Ryan Davidson Typed or Printed Name	Signature